

Initial Accident Notification Contractor

Submit To: Local Corps of Engineers Field Office Representative

Name of Person Making Report: _____

Phone: _____

Accident Information

Date of Accident: _____ Time: _____

Installation / Project / Lake Name: _____

Exact Location (Bldg., Room, Area, Etc.): _____

Project Name: _____ Contract Number: _____

Contractor: _____ Subcontractor: _____

Accident Classification

Contractor ☐ Subcontractor ☐

Personal Injury Accident ☐

Lost Time No ☐ Yes ☐ days _____

Fatality ☐

Contractor Property Damage ☐

Estimated Dollar Amount: \$ _____

Worker's Name: _____ Occupation: _____

Description of Accident _____

ADDITIONAL REPORTS:

☐ ENG Form 3394 (Accident Report Form) due in Safety Office within 15 working days.

☐ GOVT. Accidents Only:

☐ CA-1 (Federal Employee's Notice of Injury) Original to Safety Office immediately.

☐ SF91 (Vehicle Accident Report) to Logistics.